AND THE PART I (e)    Control of the part							ISION OF HEALTH AND W	ALTH — STAND 'Elfare ,,, O					11	<b>6</b>	3-0:	363	<u>69</u>
Same of pearly   Same	DO: NOT WRITE		,	MEND	ED	·I	term a		nary Registratio	n Distr	ict No. 106	2 Registrar's N	lo <i>7</i>	<u> </u>	- SIAIC FIL	.c NUMBEI	·
1   1   20   15   10   10   10   10   10   10   1						-	1. PLACE OF DEATH	-1-12 O. 1909									
1   1   20   15   10   10   10   10   10   10   1			핊			ľ	Jack	son				a siai Kan	sas b.c	OUNTY	3ourbon		
SOUTH   SOUT	Rev. 4/ 37						OR .	•	SHIP only)	Leng	pth of stay in 1b	C. CITY					
SOUTH   SOUT	1	Ι.	₹				- FULL NAME OF (	as City	·\	17	days	<u> </u>			, ,- <u>,</u> , ,		
A CO S S S S S S S S S S S S S S S S S S		!	ш			1	HOSPITAL OR		•		l I		•		ive location)		_
A Va A Color or print)  Alva I. Pellett    Pellett   Death September 2   19.63	28/50	[/]	ă		Ш		· Marrietton R	<u>esearch Hosp</u>	ital		163 [77 149 []	<u> Rura</u>	I Route	<del>‡</del> 1		T es	MO 121
Alva L. Pellett  Pellett  Potty Death September 2. 1963  S. SEX 6. COCRO BEACE 7. Maried Monte of Birth 9. AGE Late bridged by thorse Year in the White Types in the Widowed Divorced 5.11-1895  S. SEX 6. COCRO BEACE 7. Maried Monte of Birth 9. AGE Late bridged by the Whore Year in the Widowed Divorced 5.11-1895  S. SEX 6. COCRO BEACE 7. Maried Monte of Birth 9. AGE Late bridged by the Whore Year in Months 1 by Hours 1 Min.  Male White White Country 10. Kind or Business OR INDUSTRY 11. BIRTHY-ACE (City and since or country) 12. CITIZEN OF WHAT COUNTRY Months most of special part of the Widowed 1. S. AGE Late or Widowed 1. S. AGE Late of Widowed 1. S. AGE Late or	•					1				Middle		Last	1 05			ay	Year
Male White White Divorced 5 11-1895 68 Months Day Month	1 0		1						]	L,	Pell	ett	DEATH	ptem	ber 2.		1963
MALE White  Mos. USIAL OCCUPATION (five kind of work done of the service)  Male Control (five kind of work done of the service)  Male Control (five kind of work done of the service)  Mos. USIAL OCCUPATION (five kind of work done of the service)  Rectred  136. KIND OF BUSINESS OR INDUSTRY 11. BIRTPHACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY  BOURDON CO., Kans, U. S.  14. NAME OF HUSBAND OR WIFE  ETTA Pellet  IS. MAS DECEASED EVER IN U.S. ARMED FORES?  IA. SOCIAL SECURITY NO.  IN Mrs. Helen Pellett  S. WAS DECEASED EVER IN U.S. ARMED FORES?  IA. SOCIAL SECURITY NO.  IN Mrs. Helen Pellett  S. WAS DECEASED EVER IN U.S. ARMED FORES?  IA. SOCIAL SECURITY NO.  IN Mrs. Helen Pellett  Mrs. Helen Pellett  Address  W. J.	<u> </u>						5. SEX	6. COLOR OR RACE					7. 7.00 (183	birthday)	II DITEL I		
during most of synching life, even if retired)    The synchiage of the synching life, even if retired   Section   Se	5								1	_		<u>5-11-1895</u>	68				
13. FATHER'S NAME  13. MOTHER'S MADIEN NAME  Lillie Carber  Mrs. Helent  Mrs. Helent  Address  Helen Pellett, Garland, Kansas  15. Was deceased ever in U.S. Armed Forces?  (Yes, no, or unknown) [if yes, give wer or distrate of service)  17. MORMANT  Helen Pellett, Garland, Kansas  18. CAUSE OF DEATH (Environment)  19. Was deceased for a control of service)  19. Was deceased for a control of service of the control of service of service)  19. Was deceased for a control of service of service)  19. Was deceased was female were for the control of service of service)  19. Was authors (A)  19. Was		<sub>ω</sub>							106. KIND OI	F BUSIN	IESS OR INDUSTRY	[					T COUNTRY
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give and to the date of service)  (No. unknown) (if yes, give and to yet and the service)  (No. unknown) (if yes, give and the yet and the yet and the yet and		Š					Ret	tired	1 125	MOTHE	P'S MAIDEN NAM						<del></del>
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (Yes, no, or unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give war of dates of service)  (No. unknown) (if yes, give and to the date of service)  (No. unknown) (if yes, give and to yet and the service)  (No. unknown) (if yes, give and the yet and the yet and the yet and	7- 1	ij						Lett	130.1								
Yes, no, or unknown] (If yes, give war or dates of service)   Helen Pellett, Garland, Kansas   Yes   Yes   New   Yes   Yes   New   Yes   New   Yes   New   Yes   New   Yes   Yes   New   Yes   New   Yes   New   Yes	8 ე	ł I	. [						16.	SOCIAL	SECURITY NO.	17: INFORMANT	<u> </u>	A	ddress		<del></del>
TO STATE    STATE   DESTAND DEATH   DEATH WAS CAUSED BY:   CONSTITUTION   DEATH   DEAT	94201	▼			1		(Yes, no, or unknown) (I					Helen P	ellett, G	arlan	d, Kan	sas	
IMMEDIATE CAUSE (a)  DUE TO (b)  Which gave rise to above cause (b), which gave rise to above cause (b), hying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  PART III. If decased was female we disease condition given in PART I (e)  PART III. If decased was female we disease condition given in PART I (e)  PART III. If decased was female we disease condition given in PART I (e)  PART III. If decased was female we disease condition given in PART I (e)  PART III. If decased was female we disease condition given in PART I (e)  PART III. If decased was female we disease was female we disease condition given in PART I (e)  PART III. If decased was female we disease was female we disease condition given in PART I (e)  PART III. If decased was female we disease was female we disease condition given in PART I (e)  PART III. If decased was female we disease was female we disease was female we disease condition given in PART II (e)  PART III. If decased was female we disease was female we disease condition given in PART II (e)  PART III. If decased was female we disease was female we disease condition given in PART II (e)  PART III. If decased was female we disease was female we disease condition given in PART II (e)  PART III. If decased was female we disease condition given in PART II (e)  PART III. If decased was female we disease condition given in PART II (e)  PART III. If decased was female we disease condition given in PART II (e)  PART III. If decased was female we disease condition given in PART II (e)  PART III. If decased was female we disease condition given in PART II (e)  PART III. If decased was female we disease condition given in PART II (e		AR				۶I	18. CAUSE OF DEAT	H (Enter only one cause per	line for (e), (b	), and (	c).						
Which gave rise to sease (a) starting the under lying cause last.    NO	-10	ᆈᅬ	ᇤ	- 1		¥							limitic i	teas:	Diseas	1	•
Which gave rise to sease (a) starting the under lying cause last.    NO	11	Ö		-		Š		•			1					उ	
Value   State   Stat	12/11 -	RE.	Z			8	Conditi		o)								
NOT THE AT WORK   19   19   19   19   19   19   19   1	13	THIS	INS		-		above stating	cause (a), } the under-	c)						_		
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED WHILE AT WORK   51 Ammunity of the bldg., etc.)  21. I attended the deceased from 6-26-63, to 9-2-63 and last saw for live on 9-2-63  Death occurred at 1:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.  22e. Date Signature (Degree or title) 22b. ADDRESS  23e. BURIAL, CREMATION, 23b. DATE REMOVAL Specify) 23b. DATE  REMOVAL Specify Garland Bourbon County, Kansas		ŏ					l .	I. OTHER SIGNIFICANT C	ONDITIONS C	ONTRIB	SUTING TO DEAT	H but not related	to the terminal	PART I			female was last 90 days.
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED WHILE AT WORK   51 Ammunity of the bldg., etc.)  21. I attended the deceased from 6-26-63, to 9-2-63 and last saw for live on 9-2-63  Death occurred at 1:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.  22e. Date Signature (Degree or title) 22b. ADDRESS  23e. BURIAL, CREMATION, 23b. DATE REMOVAL Specify) 23b. DATE  REMOVAL Specify Garland Bourbon County, Kansas		2			1	ı	3	<u></u>							☐ Yes	□ No	Unknown
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED WHILE AT WORK   51 Ammunity of the bldg., etc.)  21. I attended the deceased from 6-26-63, to 9-2-63 and last saw for live on 9-2-63  Death occurred at 1:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.  22e. Date Signature (Degree or title) 22b. ADDRESS  23e. BURIAL, CREMATION, 23b. DATE REMOVAL Specify) 23b. DATE  REMOVAL Specify Garland Bourbon County, Kansas		DMEN	•				19. WAS AUTOPSY PERFORMED? YES   NO FEE			2	06. DESCRIBE HO	W INJURY OCCURR	ED. (Enter nature of	of injury in	PART I or PA	RT II of it	em 18.)
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED WHILE AT WORK   51 Ammunity of the bldg., etc.)  21. I attended the deceased from 6-26-63, to 9-2-63 and last saw for live on 9-2-63  Death occurred at 1:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.  22e. Date Signature (Degree or title) 22b. ADDRESS  23e. BURIAL, CREMATION, 23b. DATE REMOVAL Specify) 23b. DATE  REMOVAL Specify Garland Bourbon County, Kansas	7	YE.		ł		ı	₹ 20c, TIME OF Hou		_		<u> </u>			<del></del>			
Death occurred at 1:15 PM and the deceased from 1:15 PM and the deceased from 1:15 PM and the deceased from 1:15 PM and the detestated above, and to the best of my knowledge, from the causes stated.  22c. DATE SIGNE  P-3.63  23c. NAME OF CEMETERY OF CREMATORY  REMOVAL (Specify)	ᆂᅙ	₹		-		ı											
Death occurred at the date states and the date states are the date states and the date states are the date states and the date states are the date							WHILE AT WOR	K 🔲 📗 · farm, ¹	OF INJURY (e factory, street,	.g., in o		20f. CITY, TOWN,	OR LOCATION		COUNTY		STATE
Death occurred at the date states and the date states are the date states and the date states are the date states and the date states are the date	E S A		Ϋ́		1		مراه استشار الم	d from 8 ~	26-6	3	_ 10_ 9~ 1	2-63	and last saw her	live on	9-2-1	<u>6</u> 3	
236. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23c. LOCATION (City, town, or county) (State)  Removal (Specify) 3 3 63  Garland Bourbon County, Kansas	18 18		2		1		- ·	1.15	PM)		m on th				rledge, from	the causes	, stateđ.
236. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23c. LOCATION (City, town, or county) (State)  Removal (Specify) 3 3 63  Garland Bourbon County, Kansas	JSE FW		뤗			<u>,</u>	1		ree or title)				<u> </u>		<del></del>	22c	DATE SIGNED
236. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23c. LOCATION (City, town, or county) (State)  Removal (Specify) 3 3 63  Garland Bourbon County, Kansas	ָר הַ		ž					J. Muile			m P.						
Removal Bourbon County, Kansas  24 FINERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE			اب	+	╂╼┩	⋛	23a BURIAL CREMATION	1, 23b. DATE	23cNAA		EMETERY OR CRE	MATORY .		•			
ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE			S.			분		0.5		arla	_					ansas	
Stine & McClure Funeral Home K.C., Mo. 9-3-63 Besse Smith			TEW			₹ }	24. FUNERAL DIRECTOR	ADI	RESS K	. C				TRAFS SI	GNAIUKĘ	$\mathcal{L}$ :	, 11:

(Licensed Embalmer's Statement on Reverse Side)

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

cool of 195

0C1 1 € 1963

2Fb S4 1883

## STATEMENT BY LICENSED EMBALMER

or by				, Student Embalmer No
working under my personal supervision.		ية. ه		MICA A
itudent	<del></del>	Signed_	1/11	rey //- way
Signature of Student Embalmer			[s-];	Licensed Embalmer No. 5/2/5
		٠.		P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Sin Mules Marken Sed